

**AMENDMENTS TO THE SPECIFICATION****In the Specification:**

Please replace the <sup>third</sup> ~~second~~ paragraph at page 43 with the following replacement paragraph:

CE 5/1/02

Pharmaceutical compositions suitable for injectable use include sterile aqueous solutions (where water soluble) or dispersions and sterile powders for the extemporaneous preparation of sterile injectable solutions or dispersion. For intravenous administration, suitable carriers include physiological saline, bacteriostatic water, CREMOPHOR ~~Cremopher~~ EL™ (BASF, Parsippany, NJ) or phosphate buffered saline (PBS). In all cases, the composition will be sterile and should be fluid to the extent that easy syringability exists. A composition will be stable under the conditions of manufacture and storage and are preferably preserved against the contaminating action of microorganisms such as bacteria and fungi. The carrier can be a solvent or dispersion medium containing, for example, water, ethanol, polyol (for example, glycerol, propylene glycol, and liquid polyethylene glycol, and the like), and suitable mixtures thereof. The proper fluidity can be maintained, for example, by the use of a coating such as lecithin, by the maintenance of the required particle size in the case of dispersion and by the use of surfactants. Prevention of the action of microorganisms can be achieved by various antibacterial and antifungal agents, for example, parabens, chlorobutanol, phenol, ascorbic acid, thimerosal, and the like. In many cases, it will be preferable to include isotonic agents, for example, sugars, polyalcohols such as manitol, sorbitol, sodium chloride in the composition. Prolonged absorption of the injectable compositions can be brought about by including in the composition an agent which delays absorption, for example, aluminum monostearate and gelatin.

Please replace the first paragraph at page 48 with the following replacement paragraph:

The NOD mouse model for diabetes was used in these examples. The NOD mouse undergoes an autoimmune destruction of pancreatic islet B cells similar to that seen in patients with human type I diabetes. Infiltration of CD4+ and CD8+ T cells into the Islets of Langerhans